

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045547

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 27

1. **FILED DEC 10 1962**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Saline</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Slater</u>	c. CITY OR TOWN <u>Slater</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>225 Broadway</u>	d. STREET ADDRESS (If outside, give location) <u>225 Broadway</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Richard</u>	Middle <u>Alonzo</u>	Last <u>Venable</u>	Month <u>December</u>	Day <u>4</u>	Year <u>1962</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-31-1883</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>carpenter</u>	11. BIRTHPLACE (City and state or country) <u>Oreenville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Alfred Venable</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Lewis Kirby</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie D. Keyton</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT <u>Mrs. Richard Venable Slater, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Acute coronary thrombosis</u>		<u>Minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <u>Coronary disease</u>		<u>5 years</u>
DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>Years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
PART III. If deceased was female was there a pregnancy in last 90 days.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY	Hour <u>5:50</u> a.m. p.m.	Month, Day, Year <u>Dec. 4, 1962</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 1957 to Dec. 4, 1962 and last saw him alive on Dec. 4, 1962  
Death occurred at 5:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>C. A. McBurney, M.D.</u> (Degree or title)	22b. ADDRESS <u>Slater Mo.</u>	22c. DATE SIGNED <u>12-5-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Dec. 6, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Slater, Missouri</u> (State)
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24. FUNERAL DIRECTOR <u>Braun Funeral Home</u> ADDRESS <u>Slater, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>12-6-1962</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Raymond Brame</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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131-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert D. Brown

Licensed Embalmer No. 5183

P. O. Address Slater, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.